

GARNET SMITH #AS-0420
SCI-Phoenix
1200 Mokychic Drive
Collegeville, PA. 19426

United States District Court

Eastern district of Pennsylvania
U.S. Court House
Independence Mall west
601 Market street
Philadelphia, Pa. 19106-1797

Date: 4-3-24

Dear Ms./Mr. Clerk,

Please be advised that the request for Leave to proceed in FORMA PAUPERIS is enroute to your office as soon as possible.

I'm waiting on the business office to approve my financial status.

ALSO, I'M UNABLE TO AFFORD THE COST OF THE REQUESTED (5) FIVE COPIES. I HUMBLY REQUEST TO BE ALLOWED TO SUBMIT THE ENCLOSED AMOUNT.

Sincerely,

Garnet Smith

GArnet Smith # AS-0420

cc; File

UNITED STATES DISTRICT COURT

for the

Eastern District of Pennsylvania

Garnet Smith

Case No.

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Wellpath, L.L.C., Dr. Saeed Bazel,
Dr. Anthony Letizio, Ms. Britney
Huner, Ms. M. Savage

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

The Clerk will not file a civil complaint unless the person seeking relief pays the entire filing fee (currently \$350) and an administrative fee (currently \$50) in advance, or the person applies for and is granted in forma pauperis status pursuant to 28 U.S.C. § 1915. A prisoner who seeks to proceed in forma pauperis must submit to the Clerk (1) a completed affidavit of poverty and (2) a copy of the trust fund account statement for the prisoner for the six month period immediately preceding the filing of the complaint, obtained from and certified as correct by the appropriate official of each prison at which the prisoner is or was confined for the preceding six months. See 28 U.S.C. § 1915(a)(2).

If the Judge enters an order granting a prisoner's application to proceed in forma pauperis, then the order will assess the filing fee (currently \$350) against the prisoner and collect the fee by directing the agency having custody of the prisoner to deduct an initial partial filing fee equal to 20% of the greater of the average monthly deposits to the prison account or the average monthly balance in the prison account for the six-month period immediately preceding the filing of the complaint, as well as monthly installment payments equal to 20% of the preceding month's income credited to the account for each month that the balance of the account exceeds \$10.00, until the entire filing fee has been paid. See 28 U.S.C. § 1915(b). A prisoner who is granted leave to proceed in forma pauperis is obligated to pay the entire filing fee regardless of the outcome of the proceeding, and is not entitled to the return of any payments made toward the fee.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Garnet Smith,All other names by which
you have been known:Garnet Douglas Smith

ID Number

AS-0420

Current Institution

SCI-Phoenix

Address

1200 Mokychic Drive, Collegeville

<u>Collegeville,</u>	<u>PA.</u>	<u>19426</u>
<i>City</i>	<i>State</i>	<i>Zip Code</i>

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

Wellpath, L.L.C.Job or Title (*if known*)Medical Provider

Shield Number

Unknown

Employer

Wellpath, L.L.C.

Address

600 n. 12th Street, suite, 100, Lemoyne,PA. 17043*City**State**Zip Code*

Individual capacity Official capacity

Defendant No. 2

Name

Dr. Saeed Bazel (Herein after DR. Bazel)Job or Title (*if known*)Physican/ Surgeon

Shield Number

(UNK)

Employer

Wellpath, L.L.C./SCI-Phoenix

Address

1200 Mokychic Drive.Collegeville,PA.19426*City**State**Zip Code*

Individual capacity Official capacity

Defendant No. 3

Name	<u>Dr. Anthony Letizio (Herein After Dr. Letizio)</u>		
Job or Title (<i>if known</i>)	Medical	Director	
Shield Number	<u>unknown</u>		
Employer	<u>Wellpath L.L.C., Medical Provider/SCI-Phoenix</u>		
Address	<u>1200 Mokychic Drive</u>		
	<u>Colleville</u>	<u>PA.</u>	<u>19426</u>
	<u>City</u>	<u>State</u>	<u>Zip Code</u>
<input checked="" type="checkbox"/> Individual capacity	<input checked="" type="checkbox"/> Official capacity		

Defendant No. 4

Name	<u>Ms. M . Savage (Herein After Ms. Savage) or S</u>		
Job or Title (<i>if known</i>)	ARNS		
Shield Number	<u>unknown</u>		
Employer	<u>Wellpath, L.L.C. / SCI- Phoenix</u>		
Address	<u>1200 Mokychic Drive</u>		
	<u>Collegeville</u>	<u>PA.</u>	<u>19426</u>
	<u>City</u>	<u>State</u>	<u>Zip Code</u>
<input checked="" type="checkbox"/> Individual capacity	<input checked="" type="checkbox"/> Official capacity	<i>See Attachment 3A</i>	

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*):

Federal officials (a *Bivens* claim)
 State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

5th, 8th, & 14th Const. Amendment, Reserve the right to Amend

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

N/A

ATTACHMENT to B. Defendant(s)

Defendant No. 4

Name Ms. Britney Huner

Job or Title (C.H.C.A.)

Corrections Health Care Administrator

Shield Number Unknown

Employer Wellpath/SCI-Phoenix

Address 1200 Mokychic Drive

Collegeville, Pa. 19426

D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

Count (1) Denied proper Medical

Treatment; Count (2) Malpractise; Count (3) Intentional Infliction
of Emotional Distress

Reserve the Right to Amend.

(RRTA)

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- Pretrial detainee
- Civilly committed detainee
- Immigration detainee
- Convicted and sentenced state prisoner
- Convicted and sentenced federal prisoner
- Other (*explain*) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

N/A

B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

SCI-Phoenix , In Medical Triage Area, 3all19, Dr. Bazel performed a Biopsy on plaintiff's left knee on Jan 11, 2023. when

See attachment Statement of Claim (RRTA)

he was instructed to do UPPER BODY

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C. What date and approximate time did the events giving rise to your claim(s) occur?

On or about 1/11/23, Dr. Bazel did a biopsy on plaintiff's left knee when instructed to perform the biopsy on plaintiff's UPPER BODY. On or about April, of 2023 Dr. Bazel did a second biopsy plaintiff (cont.attch)

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

On 1/11/23 Dr. Saeed Bazel perform a biopsy on plaintiff's left knee when he was instructed to perform said biopsy on UPPER BODY; see grievance #1033099, Initial grievance review response ¶ 1 ~~10N~~ attachment. (RRTA)

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive. During the second biopsy, plaintiff was given the " STAPHYLOCCUS INFECTION IN HIS LEFT CHEST." For the infection plaintiff was given "Sulfatrim 800mg/160 DS tabs for seven days, Motrin, and Certirizine 10mg , and wound care for the biopsy was discontinued causing Intentional Infliction of Emotional distress by this biopsy being done in an un-streile enviroment.

(RRTA)

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

SEE ATTACHMENT VI RELIEF

Attachment to C. What date and approximate time did the events given rise to claim(s) occur ?

(1) C. On or about 1/11/23 , Dr. Bazel did abiopsy on plaintiff's left knee when instructed to perform the biopsy on plaintiff's UPPER BODY. after realizing the biopsy was done in the wrong place, a second biopsy was done on plaintiff's left Chest Area,This biopsy was done in triage A31119 on the east side of SCI-Phoenix, where other staff members often frequent, and at 10:00am wound care treatment is taking place.

(2) This second biopsy was done on or about April,of 2023, some 4 or so months later. In this UN-STERILE AREA , with un-sterile tools the plaintiff was given the "STAPHYLOCOCCOUS INFECTION" . The operating triage nurse(s) names are unknown. DR. Bazel again the operating surgeon.

(RRTA)

See attached Grievance #1033099 Initial Review Response ¶ 1 .

Attachment to IV D

Question 1. What happened to you?

- 1a. On Jan. 11, 2023 Dr. Bazel,Saeed performed a biopsy on plaintiff's LEFT KNEE WHEN HE WAS TOLD TO PERFORMTHE BIOPSY ON PLAINTIFF"S UPPER BODY.see; grievance # 1033099,Initial grievance review response.
- 2a. After realizing the biopsy was done in the wrong place, an additional biopsy was ordered. This too was done by Dr. Bazel.also see: grievance # 1033099 dated 07/05/2023, Facility Manager's response ¶ 2,
- 3a On or about April ,2023 The second biopsy was done on plaintiff's UPPER BODY,THE LEFT CHEST. by same Dr. Bazel, in the triage 3A1119 an open air area often frequented with staff members other than medical, as well as other patients waiting for wound care to be attended at the same time.
- 4a. This is where and when plaintiff was given the Infectious desesae " STAPHYLOCCOUS". The attending triage nurses' names are unknown.

)RRTA)

Attachment to iv Statement of Claims (B)

1. From 2019 to the present ,defendant Wellpath, L.L.C. had a contract with the Pennsylvania Department of Corrections (DOC), that granted Wellpath the exclusive right to supply medical doctors, certified registered nurse practitioners, physician assistants, and other medical staff to the OOC, which includes SCI-Phoenix.
2. The contract provided that the DOC would pay defendant wellpath a set amount of money in each calendar year to provide medical service to Inmates at SCI-Phoenix.
3. Upon information and belief, under the contract, defendant Dr. Anthony Letizio and [redacted] any other subsequent medical director held exclusive authority to determine whether SCI-Phoenix patients should be referred for off-site medical service, including surgical procedures.
4. A biopsy is a surgery that determines the seriousness and pathology of a disease and it's various types and it's needed Treatment, here a serious rash over the plaintiff's body.
5. If the infection is untreated it can lead to other serious illness.
6. Here a staph infection developed in the biopsy by Dr. Bazel' unprofessional behavior, of performing the biopsy in an un-sterile area. ^{With un-sterile Tools} the symptoms of the biopsy' staph infection aggravated the rash causing a complication with the healing.
7. On 11/23/2022 plaintiff complained numerous times through the sick call process about the rash while at SCI-Phoenix.
8. PA mitchell after seeing how the rash had ravished the shin of plaintiff; ordered a consult with a dermatologist to see the what treatment was needed.
9. After a few months plaintiff was scheduled to see the Dr. Bazel for a biopsy to further determine pathology/guided treatment.
10. PA Mitchell instructed provider to follow up DL (doctors line) and have a punch biopsy of PLAINTIFF's UPPER BODY RASH.
see attachment grievance.#1033099, 06/01/2023 (1) Initial Review Response.
11. On 1/11/2023 Dr. Bazel at his PL (procedure line) [redacted] a biopsy from plaintiff's LEFT KNEE, **THE WRONG PLACE INSTRUCTED.**

(la)

Attachment to iv of Claims B

12. On or about 4/20/23 dermatology consult approved , and signed of 5/11/23 by Dr. Letizio.
13. Upon realizing the biopsy was done in the wrong place;an additional biopsy was ordered this time on plaintiff's CHEST AREA, this biopsy was done in an un-sterile area, a triage where people was in and out at all times,Triage Aelll9 east side triage, again by Dr. Bazel., where plaintiff was given the staph infection.
14. During wound care treatment of the biopsy, triage nurse Susan(last name unknown) .Noticed the wound was't healing properly,it was too much puss in the wound(biopsy)., the wound had becocombe infected with the disease that turned out to be the STAPH INFECTION.
15. Nurse Sasan that was duing the treatment, called senior Nurse Kim (last name unknown) over to look at the wound, she inturn ~~want~~ and got aculture test and tested the puss; which turned out to be "STAPHYLOCOCCUS INFECTION".
16. Nurse Kim reported the infection to Dr. Joseph Walsh, who precibed BACTRIM (sulfatrim)antibiotics 800/160 DS tabs for sevendays, along with Mortin, and Cetirizine for the pain and Itching from the infection.
17. And the wound care was discontionued, even throug the rash on plaintiff's body Continue to exist and eat away at plaintiff's body.
18. Plaintiff continued request to see an OUTSIDE specialist ~~but~~ was denied and given a TEL-MED visit where the dermatologist couldn't get a good examination of the rash.
19. Ms Brintey Huner's constant refusal of plaintiff's request to see an outside specialist and exanination has left scars and patches all over plaintiff's body.
20. Ms. M Savage also denied plaintiff' request to see an independent specialist to cover up the mistake made by Dr. Bazel taking the biopsy from the wruong place of the plaintiff, he was indtructed to take the biopsy from plaintiff' upper body,when he took the biopsy from the plaintiff' left knee!! see Initial review response, ¶ 1-2 & Facility Manager's Response ¶ 1-2 dated 7/5/23.
21. Dr. Le~~oz~~o~~oz~~zio in complicity with RNS Savage,M signed of on the decision to cover up the mistake made by dr. Bazel. also see, facility manager' response deated 7/5/23.

FACTS

cont. Attachment to iv. Statement of Claims

22. The allegations set forth in ¶ 1-20 are incorporated as if fully set forth herein.

23. The forgoing conduct of the medical defendants, acting under color of state law, was undertaken in concert & conspiracy as part of an effort to unlawfully deny plaintiff medical treatment and otherwise deprive plaintiff of his civil and constitutional rights including his rights, privileges, and immunities under the eight, and fourteenth amendments to the United States Constitution, in violation of 42 U.S.C. § 1983

24. Because of need for a specialist, plaintiff has suffered with sever pain over 5 years, since his admission to SCI-Phoenix .

25. The staph infection exacerbated the situation making the pain and suffering as well as degenerated plaintiff's quality of life.

26. Each medical defendant was aware of plaintiff's serious medical need.

27. The seriousness of plaintiff's medical needs was obvious to the defendants because of his documented need for treatment, his pain, and need for constant medications because of his inability to sleep because of sorts, itching, scathing and bleeding at night. see; request slip to Unit Manager Ms. Strenoski.

28. Plaintiff repeatedly emphasized the seriousness of his medical needs during his sick call request through the consultation.

29. The actions and omissions of the medical defendants delayed plaintiff's necessary medical treatment for reasons ,including but not limited to, the failure to timely schedule and treat his sever ECZEMA, PSONASIS, LICHEN PLANUS, SPONGIOTIC, and PSORIASIS, and , STAPHYLOCOCCUS INFECTION, for other circumstances attendant to the breakdown in communications among the medical defendants regarding the continuity of plaintiff's care as well as the severity and urgency of his medical needs.

30. As a direct and proximate result of the medical defendants' action and omissions, plaintiff suffered serious physical injuries, resulting permanent scaring of his body and emotional , psychological distress, pain, and suffering ., INTENTIONAL INFILCTION OF EMOTIONAL DISTRESS.

Cont. Attachment to Statement of Claim

31. The acts and omissions of the medical defendants were committed willfully, wantonly, maliciously, intentionally, Outrageously, deliberately and conduct so egregious as to shock the conscience.

32. The acts and omissions of the medical defendants were committed without cautious regard for due care, and with such wanton and reckless disregard of consequences as to show the defendant's indifference to the seriousness of plaintiff's medical needs and the risk of serious harm.

33. The medical defendants conspired to inflict harm on plaintiff and deprive him of his constitutional rights.

34. The medical defendants violated plaintiff's constitutional rights by causing him harm through their protracted delay of his necessary and proper treatment.

35. As a direct and proximate result of the medical defendant's illegal and unconstitutional actions, plaintiff suffered pain, fear, anxiety, physical injuries, sever emotional trauma, and the loss of the enjoyment of life all to his great detriment and loss .

36. As a direct and proximate result of the medical defendants' illegal and unconstitutional actions, plaintiff suffered and continues to suffers financial loss and deprivation of other liberty interest, all to his great financial detriment and loss.

37. The allegations set forth in ¶ 1-35 are incorporated as of fully set herein.

38. The medical defendant's had the duty comply with generally accepted medical standards of care in their medical treatment of plaintiff.

39. The medical defendant's violation of their duty of care to plaintiff was direct and proximate cause and a substantial factor on bringing about plaintiff's damages, as outlined above, and as a result the medical defendants are liable to plaintiff.

40. Because the individual medical defendant's were acting as agents servants and/or employees of medical defendant Wellpath, and because the medical defendants were acting within the scope and course of their employment and under the direct control and supervision of defendant Wellpath, defendant Wellpath, is liable to plaintiff on the basis of respondent superior liability.

ATTACHMENT VI RELIEF

a. Count I. Judgment against defendants, Saeed Bazel, Wellpath L.L.C.,
Ms. Britney Huner, M. Savage, and Dr. Anthony Letizio, jointly and severally,
for compensatory damages of \$ 500,000.00, Punitive damages for defendant's
willful, sadistic, outrageous and Malicious conduct, of 1,000,000.00,
the cost of plaintiff's suit and attorney 's fee, nominal damages and
such other, further relief as the court see appropriate.

b. Count II. Judgment against defendants Dr. Saeed Bazel, Wellpath, L.L.C.
Ms. Britney Huner, M. Savage, AND Dr. Anthony Letizio, jointy and
severally, for compensatory damages of \$ 500 ,000.00 , Punitive damages
for defendant's willfully , sadistic, outrageous and malicious conduct,
of 1,000,000.00 , the cost of plaintiff's suit and attorney's fees,
nominal damages, and such other further relief as the court may deem
appropriate.

c. Count III. Judgment against defendants. Dr. Saeed Bazel, Wellpath, L.L.C.
Britney Huner, Ms. M. Savage, and Dr. Anthony Letizio, jointly and
, for compensatory damages of \$ 500.000.00 , Punitive damages for
defendants willful,Sadistic, Outrageous and malicious conduct of \$
1,000,000.00, the cost of plaintiff's suit, and attorney's fee, nominal
damages, and such other, further relief as the count deems appropriate.

Jury Demand

1. Plaintiff demand a jury to each defendant and as to each count.

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act (“PLRA”), 42 U.S.C. § 1997e(a), requires that “[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted.”

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes
 No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

SCI-Phoenix

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

Yes
 No
 Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

Yes
 No
 Do not know

If yes, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

Yes

No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes

No

E. If you did file a grievance:

1. Where did you file the grievance?

At SCI-Phoenix Grievance office

See attached Grievance.

2. What did you claim in your grievance? That I had a rash, a biopsy was taken from the wrong place and that I was given a staph infection.

3. What was the result, if any?

They denied them all

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

I filled through all appeal processes, also see attached grievances.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

All grievances filed are attached

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

Yes

No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

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A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes

No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (*If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.*)

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court (*if federal court, name the district; if state court, name the county and State*)

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

Yes

No

If no, give the approximate date of disposition.

7. What was the result of the case? (*For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?*)

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

NO

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Yes

No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (*If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.*)

1. Parties to the previous lawsuit

Plaintiff(s)

Defendant(s)

2. Court (*if federal court, name the district; if state court, name the county and State*)

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

Yes

No

If no, give the approximate date of disposition

7. What was the result of the case? (*For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?*)

IX. Certification and Closing

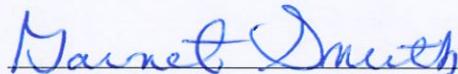
Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing. 4-3-24

Signature of Plaintiff



Printed Name of Plaintiff

Garnet Smith

Prison Identification #

AS-0420

Prison Address

1200 Mokychic Drive ,

Collegeville
City

Pa.
State

19426
Zip Code

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>Ms. Gina Orlando</i>	FACILITY: SCI-Phoenix	DATE: 7/8/23
FROM: (INMATE NAME & NUMBER) <i>Garnet Smith #AS-0420</i>	SIGNATURE OF INMATE: <i>Garnet Smith</i>	
WORK ASSIGNMENT: <i>Electric Shop west</i>	HOUSING ASSIGNMENT: BB-2001-1	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-ADM 804 form and one one-sided 8½" x 11" page). State all relief that you are seeking.

On 1/11/23 Dr. Saeed Bazel did a biopsy on my LEFT KNEE. When he was INSTRUCTED to perform the biopsy on my UPPER BODY: see: Initial Response to my grievance dated 6/123, # 1033099.

Seeing this was the wrong place to perform the said biopsy, an additional biopsy was ordered. This time he(Dr. Bazel) performed another biopsy on my chest, (the place he was told to do the first biopsy).

He performed this biopsy on or about April, of 23, in the Triage. An un-Sterile and occupied place at the time. In this biopsy, I caught a STAPH INFECTION . Also see facility manager's appeal response, dated 7/05/23.

For this mistake, I need monetary compensation because of the cost of co-pay , better timely treatment that's due prisoners.

B. List actions taken and staff you have contacted, before submitting this grievance.

I spoke with Ms. Britney Huner, Administration Assistant to the Medical director. R NRS Savage and Dr. Letzio.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy CANARY File Copy PINK Action Return Copy
GOLDEN ROD Inmate Copy

5/31/23
R
• DC-804
Part 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE

1033099

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Ms. Gina Orlando	FACILITY: SCI-Phoenix	DATE: 5-5-23
FROM: (INMATE NAME & NUMBER) Garnet Smith # AS-0420	SIGNATURE OF INMATE: <i>Garnet Smith</i>	
WORK ASSIGNMENT: Electirc Shop west	HOUSING ASSIGNMENT: EB-2001-1	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking.

What started as a rash on my forehead from the shower; has moved from my head to my whole body: my back, neck, chest, back of my legs, and my hands, the inside of my right hand (tow middle fingers) are so swollen I can't make a fist.

The rash has scared my body so bad it's turned my skin two tones. I reported it to medical in 11-25-22, and a K. Mitchell, EM gave me some " Triamcinolone" cream, and recommended I see a specialist.

On 1/11/23 Dr. Bazel did a Procedure(biopsy) the results came back, : Eczema, Psoriasis, and Lichen Planus, and ans another biopsy, and consultation, while waiting for the specialist, I caught a staph infection in the biopsy in my chest. The delating of proper care has left me always itching to a point people don't what to do.

B. List actions taken and staff you have contacted, before submitting this grievance.

I seen : EM, K. Mitchell, CRNP, Senkowski, A. Dr. Bazel, and Dr. Letizio, medical Administrator. and DR KAMINSKY S. MSV

Your grievance has been received and will be processed in accordance with DC-ADM 804.

5/9/2023

Date

Signature of Facility Grievance Coordinator

WHITE Facility Grievance Coordinator Copy CANARY File Copy PINK Action Return Copy
GOLDEN ROD Inmate Copy

.2

around me, this is psychologically and emotionally scaring ,a well as physically scared. as a relief I would like timely, medical attention regardless of cost, and monetary compensation for the pain and suffering I've been going through.

5-5-23

Darne D. Smith
AS0920



Initial Review Response

SCI Phoenix
1200 Mokychic Drive
Collegeville, PA, 19426

06/01/2023 09:21

Inmate Name:	SMITH, GARNET D	DOC #:	AS0420
Facility:	Phoenix	Unit Location:	E/B
Grievance #:	1033099		

This serves to acknowledge receipt of your grievance to the assigned Grievance Officer. The response is as follows:

Decision: Grievance Denied

It is the decision of this Grievance Officer to uphold, deny, or uphold in part/deny in part the inmate's initial grievance. This response will include a brief rationale, a summary of the conclusion, any action taken to resolve the issue(s) raised in the grievance, and the relief sought.

Response:

Mr. Smith you stated, "Grieves rash on body has caused psychological and emotional scarring also physical scars. Requests medical attention and monetary compensation".

11/25/2022 - Seen by PA Mitchell: Sick call: Pt presents complaints about chronic rash on his trunk and arms that has been present for some time. He was previously seen for this in September 2002 and was given 40mg IM Kenalog and Triamcinolone 0.1%. He noticed some improvement in the pruritus for a few days following the Kenalog but feels the Triamcinolone was not helping much. Skin - Patches diffusely spread across the anterior trunk and dorsum of the bilateral upper extremities of thickened hyperkeratotic dry cracked skin with evidence of excoriation. Similar singular large patch on the central lumbar spine area as well as a singular similar patch on the upper posterior neck just below the occiput. Assessment: Dermatitis, likely Psoriatic in nature. Plan Information: Prescribed Salicylic acid topical cream, Selsun blue shampoo, and Zyttec for management of dermatitis and pruritus. Will have patient scheduled for skin biopsy to further determine rash pathology and guide treatment. Follow up PRN. Provider Line follow-up needed: Yes. Follow-up to: DL (Doctor Line): Please schedule pt for DL for a punch biopsy of his upper body rash to determine pathology. As per PA Mitchell.

01/11/2023 - Seen by Dr. Bazel: PL (Procedure Line) Dx.: Eczema / Psoriasis. Proc: Under local 3 CC,s of 0.5% Sensorcaine a # 5 puncher was used and bx. (biopsy) was taken from left knee lesion. Plan Wound cares, renewal of Aristocort, prn SC, awaiting pathology report. Provider Line follow-up needed: No. as per Dr. Bazel.

04/20/2023 - Dermatology consult approved, seen on 05/11/2023 and signed off on 05/12/2023 by Dr. Letizio.

Current skin treatment medications are currently active and ordered KOP.

Grievance and all requested relief are Denied.

Signature:	
Name:	M. Savage
Title:	
Approver:	G. Orlando
Date:	6/1/2023

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 1 - Grievances & Initial Review, Attachment 1-D

AS0420 Grievance #: 1033099

SMITH, GARNET D

Issued: 1/26/2016 Effective: 2/16/2016



Initial Review Response

SCI Phoenix
1200 Mokychic Drive
Collegeville, PA, 19426

06/01/2023 09:21

CC: Facility Grievance Coordinator
DC-15

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 1 - Grievances & Initial Review, Attachment 1-D

AS0420 Grievance #:1033099

SMITH, GARNET D

Issued: 1/26/2016 Effective: 2/16/2016

Page 2 of 2

**Facility Manager's Appeal Response**

SCI Phoenix
1200 Mokychic Drive
Collegeville, PA, 19426

07/05/2023 12:04

Inmate Name:	SMITH, GARNET D	DOC #:	AS0420
Facility:	SCI Phoenix	Room Location:	F-16
Grievance #:	1033099		

This serves to acknowledge receipt of your grievance appeal to the Facility Manager for the grievance noted above. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System Policy", the following response is being provided based on a review of the entire record of this grievance. The review included your initial grievance, the Grievance Officer's response, your appeal to me and any other documents submitted.

Decision: Uphold Response

This is the decision of this Facility Manager to uphold the initial response, uphold the inmate, dismiss, or uphold in part/Deny in part. This response will include a brief rationale, summarizing the conclusion, any action taken to resolve the issue(s) raised in the grievance and your appeal and relief sought.

Response:

I am in receipt of your grievance appeal in which you claim that a rash that started on your forehead has moved from your head to your whole body: neck, chest, back of legs, hands, inside of right hand, two middle fingers, and are so swollen that you can't make a fist. You also claim that it has turned your skin two tones. You reported it to medical on 11/25/2022, and on 1/11/2023, Dr. Bazel did a biopsy with the results of eczema, psonasis, and lichen planus. You claim that you caught a staph infection in the biopsy. You claim that you are itching and this has psychologically, physically, and emotionally scarred you. Requested relief: timely medical attention regardless of cost and monetary compensation for pain & suffering.

In my investigation, I find that the response by RNS Savage is acceptable. Documentation indicates that on 11/25/2022 – you were seen by a provider, prescribed medication, and a submission for a skin biopsy to determine rash pathology and guide treatment was entered. On 1/11/2023 – you were seen by a provider, and an additional biopsy was taken from your left knee. The diagnosis: Psoriasisform and spongiotic dermatitis. On 4/20/2023 – the dermatology consult was approved and you were seen on 5/11/2023. This information was reviewed by Dr. Letizio on 5/12/2023. You are currently following skin treatment medications (KOP) as ordered.

If you have questions regarding your health care, please follow the facility sick call procedure to be seen and address your medical concerns.

Additional information will not be addressed as it was not included in the initial grievance.

I will uphold the decision of the grievance officer and deny your appeal and requested relief.

Signature:

Facility Manager

Title:

Facility Manager

Date:

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 2 - Appeals, Attachment 2-B

Issued: 1/26/2016 Effective: 2/16/2016

AS0420 Grievance #: 1033099

SMITH, GARNET D

Page 1 of 2



Facility Manager's Appeal Response

SCI Phoenix
1200 Mokychic Drive
Collegeville, PA, 19426

07/05/2023 12:04

CC: DC-15
File

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 2 - Appeals, Attachment 2-B

AS0420 Grievance #:1033099

SMITH, GARNET D

Issued: 1/26/2016 Effective: 2/16/2016

Page2 of 2

SC1
PRIVATE & FREE FROM PUBLIC MANAGEMENT
GRIEVANCE

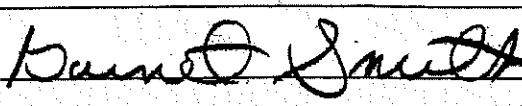
Inmate Number	NAME	HOUSING UNIT	DATE	GRIEVANCE#
AS-0420	Garnet Smith	EB-2001	6/9/23	1033099c

I received my initial Response from the Grievance Office/Coordinator of Appeals and have the following appeal issues:

Refer to DC ADM 804, Grievance Appeal Procedures, for complete instructions.

Please provide a brief (no longer than two pages) appeal statement.

I received my initial Review Response on 6/9/23, and find it disingenuous, apathetic, and incomplete. Their due date was 5/31 but was dated 6/1/23. All the medications previously prescribed by PA Mitchell were discontinued with no reason causing me to sign up for sick call continuously at my own cost. My first biopsy by Dr. Bazel was 1/11/23, and the second one on 4/18/23 on my chest where I caught STAPHYLOCOCCUS, and the rash exacerbated. When I did have a Dermatology consult via. Telderm; he Prescribed a body wash, and some Dupixent which I never received, along with another consult in six months. In the meantime, the scars on my Chest, legs, neck, hands, back, face and arms still remain. I need to see an Independent Dermatologist for an in-person consultation. I still Itch and scratch until I bleed at night and day. My quality of life has diminished greatly as a result of this lack of proper treatment and care.

INMATE SIGNATURE: 

**Grievance Referral
(Notice to Inmate)**

Secretary's Office of Inmate Grievances & Appeals
Pennsylvania Department of Corrections
1920 Technology Parkway
Mechanicsburg, PA 17050



08/28/2023 05:43

Inmate Name:	SMITH, GARNET D	DOC #:	AS0420
SCI Filed:	Phoenix	Current SCI:	Phoenix
Grievance #:	1033099		

This serves to acknowledge receipt of your appeal to final review for the grievance noted above. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System Policy", this Office has reviewed the documents submitted; including your initial grievance, the grievance officer's response, your appeal to the facility manager, the facility manager's response, and the issues you raised to final review. Upon completion of this review, it is the determination of this Office to solicit input from an appropriate Central Office Bureau relative to the issue(s) raised in your grievance. Therefore, please be advised that the final review decision will be delayed pending review by the office to which it has been referred. Upon completion of this review, however, a determination will be made and you will be provided with a final appeal decision in writing.

Action: Referral

Bureau/Office:

- Health Care - Referral Date : 08/28/2023

Signature:	<i>Keri Moore for</i>
Name:	ID: Varmer
Title:	Chief Grievance Officer
Date:	08/28/23

cc: DC-15/Superintendent - Phoenix
Grievance Office

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 2 - Appeals, Attachment 2-I

Issued: 1/26/2016 Effective: 2/16/2016

AS0420 Grievance #: 1033099

SMITH, GARNET D

Page1 of 1

INMATE APPEAL TO FINAL REVIEW GRIEVANCE

INMATE NUMBER	NAME	FACILITY	DATE	GRIEVANCE #
AS-0420	Garnet Smith	SCI-Phoenix	7/8/23	1033099

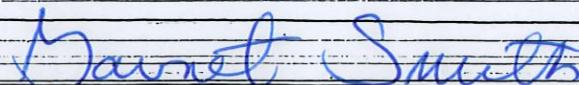
RECEIVED MY APPEAL FROM THE SUPERINTENDANT ON 7/8/23

AND HAVE THE FOLLOWING APPEAL ISSUES.

REFER TO DC-ADM 804 FOR COMPLETE INSTRUCTIONS.

I WILL PROVIDE A BRIEF (NO LONGER THAN TWO PAGES) APPEAL STATEMENT.

Under DC-ADM: Disregarding any or all information relating to this issue violates that stateman, Due Process, and the fairness of the proceedings., i.e. Rubber Stamping the prior decision. The staph infection in my chest was in the second biopsy done by Dr. Bazel and was discovered though the wound care treatment process; compelling Ms. Kim to order Bactrim (Sulfatrim 800-160 DS tabs) for the infection4/2/23. At sick call 6/20/23 Dr. Bazal observed the rash was still on my chest, back, hands, and neck. The persrib treatment by the dermatologist is not being followed. My quality of life at it's lowest do to scars, the itching until I bleed and the over all psychological, emotional, and physical changes I'M going through. I need as requested in my initial grievance;to have an In-person examination by an outside specialist,as well as prior requested compensation for the pain suffering endured from the prolonged nelect. All information from the initial grievance up to now are germane and should be considered.



INMATE SIGNATURE



11/14/2023 12:50

Final Appeal Decision

Secretary's Office of Inmate Grievances & Appeals
 Pennsylvania Department of Corrections
 1920 Technology Parkway
 Mechanicsburg, PA 17050

Inmate Name:	SMITH, GARNET D	DOC #:	AS0420
SCI Filed:	Phoenix	Current SCI:	Phoenix
Grievance #:	1033099		

This serves to acknowledge receipt of your appeal to the Secretary's Office of Inmate Grievances and Appeals for the grievance noted above. In accordance with the provisions of DC-ADM 804, Inmate Grievance System Policy, the following response is being provided based on a review of the entire record of this grievance. The review included your initial grievance, the Grievance Officer's response, your appeal to the Facility Manager, the Facility Manager's response, the issues you raised to final review, and (when applicable) any revised institutional responses required as a result of a subsequent remand action by this office. As necessary, input from appropriate Central Office Bureaus (e.g., Health Care Services, Chief Counsel, Office of Special Investigations and Intelligence, etc) may have been solicited in making a determination in response to your issue as well.

Decision:Uphold Response

It is the decision of the Secretary's Office of Inmate Grievances and Appeals to uphold the initial response, uphold the inmate, or Uphold in part/Deny in part. This response will include a brief rationale, summarizing the conclusion, any action taken to resolve the issue(s) raised in the grievance and your appeal and relief sought.

Response:

The staff at the Bureau of Health Care Services reviewed your concern of not being provided proper medical care. They have thoroughly reviewed your medical record and determined that the medical care provided was reasonable and appropriate. Their findings concur with the initial review response.

Your attending practitioner makes these clinical decisions. You are encouraged to participate in your treatment plan and to discuss your concerns or changes of condition with a practitioner. They found no evidence of wrongdoing. Therefore, this office upholds the responses provided to you and your requested relief is denied.

Signature: *Keri Moore for*
 Name: D. Varner
 Title: Chief Grievance Officer
 Date: 11/14/23

CC: DC-15/Superintendent - Phoenix
 Grievance Office

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 2 - Appeals, Attachment 2-F

Issued: 1/26/2016 Effective: 2/16/2016

AS0420 Grievance #: 1033099

SMITH, GARNET D

Page 1 of 1

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER		Commonwealth of Pennsylvania Department of Corrections
INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.		
1. To: (Name and Title of Officer) <u>MS. STENOSKI, UNIT MANAGER</u>	2. Date: <u>5/21/23</u>	
3. By: (Print Inmate Name and Number) <u>GARRET SMITH #AS0420</u> <u>Garnet Smith</u> Inmate Signature	4. Counselor's Name: <u>N/A</u>	
	5. Unit Manager's Name: <u>MS. STENOSKI</u>	
6. Work Assignment: <u>Electric Shop</u>	7. Housing Assignment: <u>EB 2001 - 1</u>	
8. Subject: State your request completely but briefly. Give details. <u>I humbly request a new set off sheets and pillow case because the one have now has blocked on them from the rash on my neck and back.</u>		
9. Response: (This Section for Staff Response Only) <u>Come see me.</u>		
To DC-14 CAR only <input type="checkbox"/>	To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

STAFF MEMBER NAME _____ Print _____ Signature _____ DATE _____

MEDICAL SICK CALL REQUEST

- 23 - 24 TIME: 2:48

MEDICAL CO-PAY
CASH SLIPCOMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONSINMATE NAME: G. Smith NUMBER: A50420
HOUSING UNIT: E B 2001-1

I humbly request an Allegy

Test for the following subjects:

Suds, Bleachos, Detergents, Dyes, Clothes,

Dish Washants, and other Cleaning

Agents. ASA P because the bath

is Bad. Thank you.

I UNDERSTAND THAT THIS SICK CALL VISIT MAY BE SUBJECT
TO THE FEES CONTAINED IN REGULATION 37
PA CODES 93.12 ET SEQ.INMATE SIGNATURE
*G. Smith*PLACET TO REQUEST FORM IN THE LOCKED MEDICAL BOX ON
THE OUTGOING UNIT.PLEASE SIGN UP FOR ONLY ONE SICK CALL PER DAY.
ETHER MEDICAL OR DENTAL. **

APPENDIX B

Inmate should complete shaded areas prior to placing sick call slip in box.

1. REQUISITIONING INMATE	LOCATION	DATE
INSTITUTIONAL NUMBER		
2. ITEMS TO BE CHARGED TO MY ACCOUNT		
<input type="checkbox"/> Sick Call (\$5.00)		
<input type="checkbox"/> Prescription # _____	(\$5.00 Each)	
<input type="checkbox"/> Self-Inflicted Injury (\$5.00)		
<input type="checkbox"/> Assaulted by # _____		
<input type="checkbox"/> Sports Injury (\$5.00)		
<input type="checkbox"/> Sports Physical (\$5.00)		
<input type="checkbox"/> Other _____		
Total Amount Charged \$ _____		
3. INMATE'S SIGNATURE	4. MEDICAL STAFF SIGNATURE	
5. BUSINESS OFFICE'S SPACE		
CHARGE ENTERED	DATE	BOOKKEEPER

APPENDIX B



(FOR OFFICIAL USE ONLY)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
Bureau of Professional and Occupational Affairs
Harrisburg

STATEMENT OF COMPLAINT

In order for the public to alert the Bureau of Professional and Occupational Affairs of possible violations of the license laws and regulations of the Commonwealth by a licensee of this state agency, the complainant must complete the requirements of this form. Complaints must be typewritten or printed clearly. State facts briefly and clearly. Mail complaint to this office. Complaint must be signed. Submit any and all documents you have to support your complaint. Please complete both sides of this form.

THIS FORM MUST BE NOTARIZED AND FILLED OUT COMPLETELY OR IT WILL BE RETURNED

A. COMPLAINANT INFORMATION

B. COMPLAINANT'S ATTORNEY, IF ANY

LAST NAME	FIRST	MIDDLE INITIAL
Smith	Garnet	D.
STREET ADDRESS (Number and Name)		
1200 MOKYCHIC Drive		
CITY	COUNTY	STATE
Collegeville		P.A.
TEL (Include Area Code) (HOME)	WORK	ZIP CODE
N/A	Electric West	19426

LAST NAME	FIRST	MIDDLE INITIAL
N/	A	
STREET ADDRESS (Number and Name)		
N/A		
CITY	COUNTY	STATE
TEL (Include Area Code)	FIRM NAME	ZIP CODE
N/A	Wellpath LLC	

C. NAME AND ADDRESS OF WITNESS, IF ANY

LAST NAME	FIRST	MIDDLE INITIAL
Nurse	Susan	(Last Name Unknown)
STREET ADDRESS (Number and Name)		
1200 MOKYCHIC Drive		
CITY	COUNTY	STATE
Collegeville		P.A.
TEL (Include Area Code)	ZIP CODE	
N/A	19426	

LAST NAME	FIRST	MIDDLE INITIAL
I Saeed	Bazel	
STREET ADDRESS (Number and Name)		
SCI - Phoenix, 1200 Mokychic Drive		
CITY	COUNTY	STATE
Collegeville		P.A.
TEL (Include Area Code)	ZIP CODE	
N/A	19426	

D. NAME AND ADDRESS OF SECOND WITNESS, IF ANY

LAST NAME	FIRST	MIDDLE INITIAL
N/	A	
STREET ADDRESS (Number and Name)		
N/A		
CITY	COUNTY	STATE
TEL (Include Area Code)	OCCUPATION	LICENSE TYPE
N/A	Surgeon/Physician	

E. BUSINESS ESTABLISHMENT INVOLVED, IF ANY

LAST NAME	FIRST	MIDDLE INITIAL
Wellpath, LLC		
STREET ADDRESS (Number and Name)		
Wellpath, LLC, 600 N. 12th St. Suite 100		
CITY	COUNTY	STATE
Lemoyne		P.A.
TEL (Include Area Code)	ZIP CODE	
N/A	17043	

LAST NAME	FIRST	MIDDLE INITIAL
I Saeed	Bazel	
STREET ADDRESS (Number and Name)		
SCI - Phoenix, 1200 Mokychic Drive		
CITY	COUNTY	STATE
Collegeville		P.A.
TEL (Include Area Code)	ZIP CODE	
N/A	19426	

PLEASE COMPLETE IF IT APPLIES

H. TO WHOM IT MAY CONCERN:

THIS WILL AUTHORIZE SCI-Phoenix, Medical, Dept., Wellpath, LLC
(name of physician, practitioner, hospital or clinic)
to release to the Bureau of Professional & Occupational Affairs any pertinent medical records and copies of x-rays
relating to Garnet Smith #AS-0420
for the purpose of investigating a complaint.

Signature: *Garnet Smith*
Date: *4-23*

DATE FORM COMPLETED	Term Expires
	03/05/2026

PLEASE COMPLETE IF IT APPLIES

G. OTHER COMPLAINANT'S SIGNATURE, IF ANY

(SIGNATURE OF PERSON COMPLETING THIS FORM,
IF OTHER THAN COMPLAINANT)
Sworn & Subscribed to me this *JANUARY 23RD*
2024
GARNET SMITH: complainant
(patient's name)

Signature: *Garnet Smith*
Witness: *J. Kelly P. Saylor*

I. DESCRIBE YOUR COMPLAINT IN DETAIL. GIVE DATES.

I garnet Smith AS#0420 had been suffering from a rash on my body since Sept., 2002. Finally on 11-25/22 through the sick call process I seen PA Mitchell and a follow up was ordered so a biopsy was ordered from my UPPER BODY RASH TO DETERMINE PATHOLOGY. So on 1/11/23 I was sent to (PL) Procedure Line) with Dr. Saeed Bazel. Dr. Bazel performed the biopsy on my LEFT KNEE, AND SAID NO FOLLOW- UP WAS NEEDED.

When the dermatologist seen the biopsy was done in the wrong place he ordered an additional biopsy be done, so another biopsy was done by Dr. Bazel, this time on ~~my~~ my chest, On or around Feb. of 2023, wound care was ordered. During the wound care treatment, Nurse Susan observed the wound was not healing correctly because it had to much puss in it. So she called Senior Nurse Kim over to look at the wound, she inturn took a culture of the wound's puss which turned out to be "STAPHYLOCOCCUS INFECTON" in my chest. The Procedure (biopsy) was done in an un-sterile area. a triage. The said staph infection has hindered the healing of the rash and caused undo pain, proloned itching and scars on my body.

The rash turned out from the first biopsy taken 1/11/23 on my knee to be: ECZEM, PSORIASIS, AND LICHEN PLANUS.

The second biopsy , the one done on my chest was diagnosed to be: Psoriasisform, Spongiotic. Biopsy done sometime between Feb-March of 2023.

J. Are you willing to appear at a hearing? Yes No

How would you like this complaint to be resolved? I would to receive proper and timely Medical treatment. I'm entitled to and the defendant's held accountable, and appropriately disciplined.

If additional space is needed, attach 8½ x 11" sheets

RETURN COMPLETED FORM TO: Complaint Office

Bureau of Professional and Occupational Affairs

P.O. Box 2649

Harrisburg, PA 17105-2649

Please do not write in this space

GARRET Smith #AS0420
SCI Phoenix
1200 Mokychuk Drive
Collegeville, PA. 19426



UNITED States District Court
EASTERN DISTRICT OF PENNSYLVANIA
U.S. Courthouse
Independence Mall West
601 Market St.
Philadelphia, PA. 19106-1797

U.S.M.S.
XRAY

